# **FORM D**

# UNITED STATES SECURITIES AND EXCHANGE COMMI Washington, D.C 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPT

	1165	361
	OMB Appro	val
	2037915	35-0076 0, 2001 den . 16.00
	Prefix	Serial
ΓΙΟΝ	DATE RECEIN	/ED

Tame of Offering (☐ check if t	this is an amendment and name has changed, and indi-	icate change. WARRANT ROUND
Filing Under (Check box(es) that	t apply):  Rule 504 Rule 505 Rule 50	06 Section 4(6) ULOE
Type of Filing: New Filing	1 Amendment	
	A. BASIC IDENTIFICAT	TION DATA
1. Enter the information requeste	d about the issuer	120 May 1
Name of Issuer (☐ check if th ARIZAN CORPORATION	is is an amendment and name has changed, and indica	rate change
Address of Executive Offices (Nu 430 10th Street, Suite S105,	mber and Street, City, State, Zip Code) Atlanta, GA, 30318	Telephone Number (Including Area Code) (404) 526-6042
Address of Principal Business Op (if different from Executive Office	perations (Number and Street, City, State, Zip Code) es)	Telephone Number (Including Area Code)
Brief Description of Business		Lie ou less
SOFTWARE DEVELOPMEN	IT	
Type of Business Organization		PROCESS
🛛 corporation	<ul> <li>limited partnership, already formed</li> </ul>	other (please specify):
☐ business trust	☐ limited partnership, to be formed	
	Month	Year 30L 2 2002
Actual or Estimated Date of Inco	rporation or Organization: 0 9	O O K Actual Estimated
Jurisdiction of Incorporation or C	Organization: (Enter two-letter U.S. Postal Service al	abbreviation for State;
	CN for Canada; FN for other foreign ju	Year  O O Actual Estimated HOMSON principle (1) FINANCIAL

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consittues a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid **OMB** control number.

SEC 1972 (2-99) 1 of 8



		A.	BASIC IDENTIF	ICATION DATA		
2. Enter the information of Each research	<del>-</del>		<del>-</del>	ial in all a sea of Garage	.	
-			er has been organized wi	•	· 1	
<ul> <li>Each benefice equity security</li> </ul>			er to vote or dispose, or o	direct the vote or dispos	Sition of, 10% of r	nore of a class of
and			orporate issuers and of co	orporate general and ma	anaging partners of	partnership issuers;
			partnership issuers.		<del> </del>	
Check Box(es) that A	Apply: [	Promoter		■ Executive Office	r 🛭 Director	☐General and/or Managing Partner
Full Name (Last nam	ne first, if in	dividual)KNIC	GHT, DARRELL			
Business or Residence 1560, HUNTINGDO	ce Address ( ON TRAIL,	Number and S DUNWOOD	treet, City, State, Zip Co Y, GA, 30350	de)		
Check Box(es) that A	Apply: [	] Promoter	☑ Beneficial Owner	☐ Executive Office	r 🛘 Director	☐General and/or Managing Partner
Full Name (Last nam	ne first, if in	dividual) SY	LTHE, OLAV			
Business or Residence 4867 ASHFORD D	ce Address (	Number and S Y RD, APT 6	treet, City, State, Zip Co 208, ATLANTA, GA, 3	de) 30338		
Check Box(es) that A	Apply: [	Promoter	☐ Beneficial Owner	☑ Executive Office	r 🛛 Director	☐General and/or Managing Partner
Full Name (Last nam	ne first, if in	dividual) BRC	OCKMAN, SHEILA			
Business or Residence 2066 NEELY AVE			treet, City, State, Zip Co 30344	de)		
Check Box(es) that A	Apply: [	Promoter	Beneficial Owner	☐ Executive Office	r 🛘 Director	☐General and/or Managing Partner
Full Name (Last nam	ne first, if in	dividual) HOV	VELL, KATHRYN			
Business or Residence 1335 SHADOWOO			treet, City, State, Zip Co , GA 30066	de)		
Check Box(es) that A	Apply: [	1 Promoter	☑ Beneficial Owner	☐ Executive Office	r 🗖 Director	☐General and/or Managing Partner
Full Name (Last nam	ne first, if in	dividual) BO	JAN, JAY			
Business or Residence 21103 W. BRANDO			treet, City, State, Zip Co	de)		
Check Box(es) that A	Apply: [	l Promoter	☐ Beneficial Owner	■ Executive Office	r 🛛 Director	☐General and/or Managing Partner
Full Name (Last nam	ne first, if in	dividual)				
Business or Residence	ce Address (	Number and St	treet, City, State, Zip Co	de)		
Check Box(es) that A	Apply:	l Promoter	☐ Beneficial Owner	☐ Executive Office	r 🗆 Director	☐General and/or Managing Partner
Full Name (Last nam	ne first, if inc	lividual)				
Business or Residence	ce Address (1	Number and St	treet, City, State, Zip Co	de)	<u> </u>	

B. INFORMATION ABOUT OFFERING		
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?	Yes □	No ⊠
Answer also in Appendix, Column 2, if filing under ULOE.		
	¢ 10 00	ın
2. What is the minimum investment that will be accepted from any individual?	\$ <u>10,00</u>	
3. Does the offering permit joint ownership of a single unit?	Yes □	No <b>⊠</b>
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual) N/A		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer	<del></del>	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	;	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]		
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [OH] [OK] [OR] [PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	}	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]		
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)	<del></del> -,	
Name of Associated Pusher on Dealer		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box $\square$ and indicate in the column below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	
	Equity	\$	\$
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants).	<u>\$ 78,000</u>	<u>\$78,000</u>
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ 78,000	\$ <u>78,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	TWO	\$ 78,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	ZERO	\$
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering N/A	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	.· 🗖	\$
	Printing and Engraving Costs		\$
	Legal Fees		<u>\$ 400</u>
	Accounting Fees	🗖	\$
	Engineering Fees		\$
	Sales Commissions (Specify finder's fees separately)		\$
	Other Expenses (identify)		\$
	Total		s 400

C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES.	AND USE OF	PROCEEDS
Question 1 and total expenses furnished in	gate offering price given in response to Part C-response to Part C-Question 4.a. This difference ner."		
used for each of the purposes shown. If the an estimate and check the box to the left o	oss proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish f the estimate. The total of the payments listed the issuer set forth in response to Part C-Ques-		
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	a	\$ <u>48,000</u>	\$
Purchase of real estate		\$□	\$
Purchase, rental or leasing and installa	ation of machinery and equipment	\$□	\$
Construction or leasing of plant build	dings and facilities	\$□	\$
offering that may be used in exchange	ling the value of securities involved in this for the assets or securities of another issuer	\$ □	\$
Repayment of indebtedness		\$□	\$ 30,000
Working capital		\$□	\$
Other (specify)		\$□	\$
		\$□	\$
		\$ <u>48,000</u>	\$ 30,000
Total Payments Listed (column total	s added)	□ \$ <u>.7</u> 8	3,000
	D. FEDERAL SIGNATURE		
following signature constitutes an undertaking	ned by the undersigned duly authorized person. It by the issuer to furnish to the U.S. Securities and the issuer to any non-accredited investor pursuar	d Exchange Comn	nission, upon written
Issuer (Print or Type)	Signature [1]	Date	
ARIZAN CORPORATION	tanelle	06-13-02	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	·	
DARRELL KNIGHT	PRESIDENT		

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)